

121000190545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

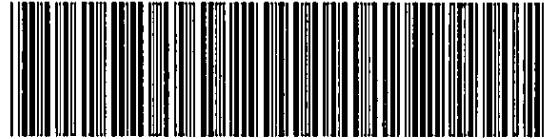
Special Instructions to Filing Officer:

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page 2/3

Received

11/15/22

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S. CHATHAM
DEC 19 2022

07/11/22--01024--107 **39.00

RECEIVED
22 NOV 15 PM 6:49
S. CHATHAM



RECEIVED

2022 NOV 16 AM 11:12

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2022

DEJUAN HILL
66 WEST FLAGLER ST, SUITE 900
MIAMI, FL 33130 US

SUBJECT: TOP OF THE HILL VENTURES, LLC
Ref. Number: L21000190545

We have received your document for TOP OF THE HILL VENTURES, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The second and third page of the amendment is missing, we need a complete copy of the amendment with the required signatures to be able to file the amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Summer Chatham
Regulatory Specialist II

Letter Number: 622A00022363

I am attaching those pages. Please sign the required signature on the last page.
Thank you.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Top of the Hill Ventures LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DeSuan Hill
Name of Person
Top of the Hill Ventures LLC
Firm/Company
66 West Flagler St, Suite 900
Address
Miami, FL 33130
City/State and Zip Code
dj@topofthehillventures.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DeSuan Hill at 216 408-3843
Name of Person Area Code Daytime Telephone Number

22 NOV 15 PM 6:19
RECEIVED
DIVISION OF CORPORATIONS
STATE OF FLORIDA

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee
☒ \$30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Top of The Hill Ventures, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/23/21 and assigned Florida document number L21000190545

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

66 West Flagler St, Suite 900
Miami, FL 33130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

66 West Flagler St, Suite 900
Miami, FL 33130

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

66 West Flagler St, Suite 900
Enter Florida street address
Miami Florida 33130
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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15 Feb 1964

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 11/10/2022

Signature of a member or authorized representative of a member

DeJuan Anthony Hill
Typed or printed name of signee